

<i>SERFF Tracking Number:</i>	<i>META-127059407</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TIAA-CREF Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48128</i>
<i>Company Tracking Number:</i>	<i>CY 2010 RESCISSION REPORT_TIAA-CREF</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI Annual Reports</i>		
<i>Project Name/Number:</i>	<i>CY 2010 Rescission Reports_TIAA-CREF/CY 2010 Rescission Reports_TIAA-CREF</i>		

Filing at a Glance

Company: TIAA-CREF Life Insurance Company

Product Name: Individual LTCI Annual Reports SERFF Tr Num: META-127059407 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 48128
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: CY 2010 RESCISSION State Status: Filed-Closed
REPORT_TIAA-CREF

Filing Type: Form

Reviewer(s): Harris Shearer,
Stephanie Fowler

Author: Cherise Crittenden

Disposition Date: 03/02/2011

Date Submitted: 03/01/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CY 2010 Rescission Reports_TIAA-CREF
Project Number: CY 2010 Rescission Reports_TIAA-CREF
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 03/02/2011
State Status Changed: 03/02/2011
Created By: Cherise Crittenden
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Cherise Crittenden

Filing Description:

Please refer to the supporting documentation tab for the cover letter.

Company and Contact

Filing Contact Information

Cherise Crittenden, Consultant-Compliance ccrittenden@metlife.com

MKTG

57 Green Farms Road

203-221-6594 [Phone]

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Westport, CT 06880

Filing Company Information

TIAA-CREF Life Insurance Company	CoCode: 60142	State of Domicile: New York
730 Third Avenue	Group Code:	Company Type:
New York, NY 10017	Group Name:	State ID Number:
(212) 578-2944 ext. 2944[Phone]	FEIN Number: 13-3917848	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TIAA-CREF Life Insurance Company	\$0.00	03/01/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Rosalind Minor	03/02/2011	03/02/2011

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Disposition

Disposition Date: 03/02/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	RESCISSION REPORT	Accepted for Informational Purposes	Yes
Supporting Document	RESCISSION COVER LETTER	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification	Accepted for Informational Purposes	03/02/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application	Accepted for Informational Purposes	03/02/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Accepted for Informational Purposes	03/02/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Accepted for Informational Purposes	03/02/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: RESCISSION REPORT	Accepted for Informational Purposes	03/02/2011

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Comments:

Attachment:

AR_Rescission Report TIAA-CREF 02_11.pdf

	Item Status:	Status
		Date:
Satisfied - Item:	RESCISSION COVER LETTER	Accepted for Informational Purposes
		03/02/2011

Comments:

Attachment:

AR_Rescission Letter TIAA-CREF 02_11.pdf

**RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIES**

**FOR THE STATE OF ARKANSAS
FOR THE REPORTING YEAR 2010**

Company Name: Metropolitan Life Insurance Company as
administrator for TIAA-CREF Life Insurance Company

NAIC#: 60142

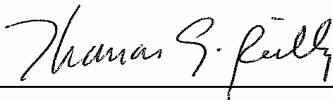
Address: P. O. Box 937
Westport, CT 06881-0937

Phone Number: (203) 221-6553

Due: March 1, 2011

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission
		None			

Detailed reason for rescission: N/A



Signature

Thomas G. Reilly
Director of Product Management & Compliance

February 22, 2011



February 22, 2011

The Honorable Jay Bradford
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as Administrator for TIAA-CREF Life Insurance Company

In accordance with state long-term insurance requirements and/or Section 325 of Title III of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we are providing the following reports of rescission in this state (if any), and countrywide for calendar year 2010. This report contains information of a personal and confidential nature regarding insureds reported therein. We request that you treat this information accordingly.

Respectfully,

A handwritten signature in black ink that reads "Thomas G. Reilly". The signature is written in a cursive, flowing style.

Thomas G. Reilly
Director of Product Management & Compliance

Enclosure(s)